

## **CITY OF INDIANAPOLIS**

# Department of Code Enforcement Bureau of Environmental Services ASBESTOS ABATEMENT PERMIT APPLICATION

New Permit:	Renewed Per	mit:	Change of Ownership:		
OPERATOR INFORM	<u>ATION</u>				
City of Indianapolis Asbo	estos Abatement Po	ermit number (	for renewals only):		
State of Indiana Contractor License number:			Expiration Date:		
Contractor Information:	N	ame of Company			
	1	Mailing Address			
City		State	Zip		
Contact:					
Phone number:		E-mail address:			
Type of Ownership: Pri	ivate:	Utility:	Government:		
	eral, state or local r		ons taken against the applicant aining to the handling, remova		
Issue Permit to the attent	ion of:				

<b>ASBESTOS ABATEMENT EXPERIENCE</b> Number of years operator involved with asbes	
Number of employees who remove Regulated	Asbestos Containing Materials:
	who have attended asbestos training courses and upervisors. If your firm employs more than 25 roject supervisors only.
REMOVAL AND ABATEMENT TECHNI Removal and abatement techniques employed	
Critical Barriers/Isolation System With Negative-air HEPA filtration uni Seal windows, doors and HVAC syste Wetting: Water Amende	ms
Waste Disposal: Plastic b Drums	
HEPA vacuums Wet wiping and wet moping Transport in enclosed or covered vehic Glove bag/containment bag	ele
Other removal or abatement techniques emplo	
Waste disposal site predominantly used:	
Address:	
Hauler primarily used:	
Address:	
before the first issuance of the Permit and onc	dable application fee of \$100.00 must be paid prior
The Asbestos Abatement Permit Fee should b <b>Indianapolis Office of Finance and Manage</b> Indianapolis Department of Code Enforcement Indianapolis, Indiana 46225.	ement. Please mail all checks to the City of
I hereby certify that the above information is t	ruthful and accurate.
Signature:Printed:	Date:
Title:	

#### ATTACHMENT A

#### **ENFORCEMENT HISTORY**

Date Citation, NOV or Other Notice Issued	Agency Issuing Enforcement Action	Regulation Allegedly Violated	Compliance Order Issued (Yes/No)	Fine or Penalty (Amount)

#### ATTACHMENT B

### EMPLOYEE TRAINING

Employee Name	Supervisor or Worker	Date of Last Training Class	Indiana Asbestos License number	License Expiration Date